STANDARD CERTIFICATE OF DEATH BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8932 1. PLACE OF DEATH a. COUNTY b. CITY (if outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. d. FULL NAME OF (if not in bespital or institution, give street address or location) HOSPITAL OR INSTITUTION Firmin Desloge Hospital 3. NAME OF a. (First) DECEASED (Type or Print) Ethel State File No. 8932 Registrar's No. 8932 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE MO. C. CITY (if outside corporate limits, write RURAL and give township) OR TOWN St. Louis C. CITY (if outside corporate limits, write RURAL and give township) OR TOWN St. Louis C. CITY (if outside corporate limits, write RURAL and give township) OR TOWN St. Louis C. CITY (if outside corporate limits, write RURAL and give township) OR TOWN St. Louis C. CITY (if outside corporate limits, write RURAL and give township) OR TOWN St. Louis C. CITY (if outside corporate limits, write RURAL and give township) OR TOWN St. Louis OR TOWN St. Louis OF OR TOW	300 HTLE	COT	4 4050				ALIH OF N				•	ひびょ	278	
1. PLACE OF DEATH a. COUNTY b. CITY (It woulds experies limits, write RURAL and give. 10 COUNTY) b. CITY (It woulds experies limits, write RURAL and give. 17 County) c. CITY (It woulds experies limits, write RURAL and give. 17 County) d. CITY (It woulds experies limits, write RURAL and give. 17 County) d. CITY (It woulds experies limits, write RURAL and give. 17 County) d. CITY (It woulds experies limits, write RURAL and give. 17 County) d. CITY (It woulds experies limits, write RURAL and give. 17 County) d. CITY (It woulds experies limits, write RURAL and give. 17 County) d. CITY (It woulds experies limits, write RURAL and give. 17 County) d. CITY (It woulds experies limits, write RURAL and give. 17 County) d. CITY (It woulds experies limits, write RURAL and give. 17 County) d. CITY (It woulds experies limits, write RURAL and give. 17 County) d. CITY (It woulds experies limits, write RURAL and give. 17 County) d. CITY (It woulds experies limits, write RURAL and give. 17 County) d. CITY (It woulds experies limits, write RURAL and give. 17 County) d. CITY (It woulds experies limits, write RURAL and give. 17 County) d. CITY (It woulds experies limits, write RURAL and give. 17 County) d. CITY (It woulds experies limits, write RURAL and give. 17 County) d. CITY (It woulds experies limits, write RURAL and give. 17 County) d. CITY (It woulds experies limits, write RURAL and give. 17 County) d. CITY (It woulds experies limits) d. CALEC	48	3% OC 1 4	1395	STA	NDARD		ICATE O	F DEA	TH	Stat	e File No	********	*******	***
B. COUNTY D. CITY (II consider companies limits, write RURAL and give township) STAP (in this part of the county of the start in the county of the county	BIRT	н но		_ REG. D	15T. NO	<u>318</u>	PRIMARY REG.	DIST. I	_{NO.} 100	$\overline{03}_{Reg}$	istrar's No	8	<u>932</u>	1
OR TOWN St. Louis, Mo. OTHER STRIPLING (IT can in hardella or institution, give strest address or teasters) OF FIRST (IT read, give location) ADDRESS (IT read, give location) J. NATE (IT read, give locatio			АТН		-				NCE (WA			Itation: (
(Type or Print) Ethel S. EX	_ # .	OR _		URAL and	give c. l ownship) STA	ENGTH OF	II 00 '	-	-		and give towns	01	9	_
(Type or Print) Ethel S. EX	CORD	FULL NAME OF	(If not in bospital or i				d. STREET ADDRESS	4				Ü		_
Peter Grimm Catherine Miller Catherine Catherine Miller Catherine Cat			a. (First)				,	•		OF			(Year)	=
Peter Grimm Catherine Miller Catherine Catherine Miller Catherine	5. St Fe	x / 6		7. MARE	NEVER DYJON	MARRIED	8. DATE OF B	1899	7	9. AGE (In you last birthday	ears of troper (
13a. FATHER'S NAME 13b. MATTER 13b. MA	10a. U	SUAL OCCUPATION OF WORK HOUSE	ON (Give kind of work ting life, eyen if retired) SCW118	10b. KIN	ID OF BUSIN	ESS OR IN- DUSTRY	11. BIRTHPLA	CE (City		er Foreign Co	outry)	12. CITI	ZEN OF WH	AT
18. CAUSE OF DEATH PLATE CONJUGATION DISEASE OR CONDITION MEDICAL CERTIFICATION DISEASE OR CONDITION ANTECDENT CAUSES Metas ta season Metas ta season Metas ta season Metas ta season DUE TO (b) Trian the disease or condition countries for the decide of the disease or condition countries for the decide of the disease or condition countries for the disease or condition	13a.	FATHER'S NAME			_									_
18. CAUSE OF DEATH					16. SOCIAL	SECURITY NO.	l _					. /	DDRESS	=
DIRECTLY LEADING TO DEATH* (APCNOMA OF DATE) Directly Leading to the plans the distribution of the above cruse (a) stating the underlying cruse last. Due to (c) Due to (c)	18. C/	AUSE OF DEATH				EDICAL (/ , = 					INTER	AL BETWEE	Ņ
ANTECEDENT CAUSES Morbid dying, such the shoot of dying of the shoot of the s			DIRECTLY LEAD	ONDITION ING TO DE	ATH CAP		of Dr	east	ε (genera	lized.	7	175.	<u>.</u>
Morbid conditions, if one, giring the whole consecution of the above course (a) stating the underlying course last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition counting death. IBD. DATE OF OPERA. ISD. MAJOR FINDINGS OF OPERATION TION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Moseth) OF HOMICIDE 21d. TIME (Moseth) OF HOMICIDE 21d. TIME 21d. TIME OF HOMICIDE OF HOMICIDE 21d. TIME OF HOMICIDE 21d. TIME OF HOMICIDE 21d. TIME OF HOMICIDE 21d. TIME OF HOMICIDE OF HOMICIDE OF HOMICIDE 21d. TIME OF HOMICIDE OF HOM		- 10	ANTECEDENT C				as tase	. ک	•					
Part of Operation 19b. Major findings of Operation 20. Autopsystem 19b. Major findings of Operation 21b. Place of injury (e.g., in or about Suicide Homicide 21b. Place of injury (e.g., in or about Homicide 21b. Place of injury (e.g., in or about Suicide Homicide 21b. Place of injury occurred of the Minister 21c. (City, Town, or township) (County) (State) 21d. Time (Mossib) (Day) (Year) (Hour) 21e. Injury occurred 21f. How did injury occurred 10 injury occurr	Links	ogs i dying, such	Morbid condition	s, if any, g	ising DUE TO	(b)								_
Part of Operation 19b. Major findings of Operation 20. Autopsystem 19b. Major findings of Operation 21b. Place of injury (e.g., in or about Suicide Homicide 21b. Place of injury (e.g., in or about Homicide 21b. Place of injury (e.g., in or about Suicide Homicide 21b. Place of injury occurred of the Minister 21c. (City, Town, or township) (County) (State) 21d. Time (Mossib) (Day) (Year) (Hour) 21e. Injury occurred 21f. How did injury occurred 10 injury occurr	12	rispitare, asthemia, is planns the dis-	the underlying car	use last.	DUE TO	(c)		**************************************			*		****	
Part of Operal 19b. Major findings of operation 20. Autopsys 19b. Major findings of operation 20. Autopsys 19b. Major findings of operation 20. Autopsys 19b. Major findings of operation 21c. (City. Town. or township) (County) (State) 21c. Momental findings 21c. (City. Town. or township) (County) (State) 21c. (City. Town. or township) (County) (State) 21c. (City. Town. or township) (County) (State) (County) (State) (County) (State) (County) (State) (County) (County) (State) (County) (County) (County) (County) (State) (County)	tion/u	hice aures death.	II. OTHER SIGNI			11.	*	,,\$\bar{\bar{\bar{\bar{\bar{\bar{\bar{						_
TION 21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE 21b. PLACE OF INJURY (e.g., in or about bome, farm, fastory, street, office bids., established bome, farm,	3 X	<i>√</i>	related to the disec							<u> </u>			-	
SUICIDE HOMICIDE 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY OCCURRED WHILE AT WORK AT WORK AT WORK AT WORK AT WORK 22. I hereby certify that I attended the deceased from 9-2-52, 19, to 9-24-52, 19, that I last saw the deceased alive on 9-24-52, 19, and that death occurred at 10:25 Am., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS 1325 S. Grand, St. Louis 4, Mo. 7-35-52 24a. BURIAL, CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) TION, REMOVAL (Bosedby) 9-27-52 Memorial Park Cemetery St. Louis Ce. Me. 25: FUNERAL DIRECTOR'S SIGNATURE ADDRESS SEP 2 5 1952 Math Hermann & Son Inc. 2161 E. Fair Ave.	3 190	DATE OF OPERA-	196. MAJOR FIN	DINGS OF	OPERATION	3.5 S.6					10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	٠ '		3
WHILE AT WORK NOT WHILE 170 \\ 22. I hereby certify that I attended the deceased from 9-2-52 19 10 9-24-52 19 10 10 10 10 10 10 10	21a.	ACCIDENT SUICIDE HOMICIDE	(Bpecify)	21b. PLACE bome, farm,	OF INJURY (c	e.g., in or about files bidg., etc.)	21c. (CITY, TO	OWN, OR T		•				٠,
23a. SIGNATURE (Degree or title) 23b. ADDRESS 1325 S. Grand, St. Louis 4, Mo. 23c. DATE SIGNED 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 25c. NAME OF CEMETERY OR CREMATORY 25c. FUNERAL DIRECTOR'S SIGNATURE DATE REC'D BY LOCAL SEP 2 5 1952 REGISTRAR'S SIGNATURE Math Hermann & Son Inc. 2161 E. Fair Ave.	21d.	TIME (Month OF JURY) (Day) (Year)		WHILE AT COLD	OT WHILE	21f. HOW DID	INJURY (OCCUR?		• • •	1	7 o X	_
Zia. SIGNATURE (Degree or title) 1325 S. Grand, St. Louis 4, Mo. 23c. DATE SIGNED 1325 S. Grand, St. Louis 4, Mo. 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) TION, REMOVAL (Specify) 9-27-52 Memorial Park Cemetery DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE SEP 2 5 1952 Math Hermann & Son Inc. 2161 E. Fair Ave.	22. I	hereby certify	that I attended t	the decea	sed from S	-2-52 ccurred at	10 10:25 A	to 9–2	4-52 e causes c					ed
24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) TION, REMOVAL (Specify) 100, REMO	I						23b. ADDRESS		_			23c. D	ATE SIGNE	
TION REMOVAL (Specify) 9-27-52 Memorial Park Cemetery St. Louis Ce. Me. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25: FUNERAL DIRECTOR'S SIGNATURE ADDRESS SEP 2 5 1952 Math Hermann & Son Inc. 2161 E. Fair Ave.		Willes	m T.0	BALLA	es n	1D	1		<u> </u>					2
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25: FUNERAL DIRECTOR'S SIGNATURE ADDRESS SEP 2 5 1952 Call Smith Month Hermann & Son Inc. 2161 E. Fair Ave.	I TLON	, REMOVAL (Specif	A- 24b. DATE 5) 9-27-52)	f			i			•		(State)	i
SEP 2 5 1952 / Call Struct MC Math Hermann & Son Inc. 2161 E. Fair Ave.	<u> </u>	REC'D BY LOCA	L REGISTRAR'S	SIGNATUR		<i></i>	25. FUNERAL	DIRECT	OR'S \$1	GNATURE	AD	DRESS	ă-	_
	SE	<u>P 2 5 1952</u>	J Can	L. L	met	MO				Inc.	2161 I	.Fa	r Ave	<u>•</u>

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded or	n the reverse side of this certificate was embalmed by me, or by
orking under my persona! supervision.	
itudent	Signed Clement Ma grang

Licensed Embalmer No. 373

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

State	of MISSOUF1 ity St. Louis AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 99
Sour	
	On this 4th day of October , 19452, before me appears.
	Robert C. Nix , who, upon his oath, states that the original record of died 9-24-
for	CLA MILA. 19 - In the Sta
Miss	ouri, and which was filed at St. Louis, Mo. on 9-25-, 1952, should be corrected as foll
	Item No. 7 should read Revareel
	Instead of Marner Item No. 14 should read Charles Het Blank
	Instead of Charles My
	Item Noshould read
	Instead of
	Item Noshould read
	Instead of
	Item Noshould read
	Instead of
1	Item Noshould read
1	Instead of
	Item Noshould readshould read
	Instead of
1	Item Noshould readshould read
	Instead of
	The above is true to the best of my knowledge, information and belief.
	(SEAL) Affiant Deoberts Relationship
	LIZE 10 1 And And
	Present Address.
-	Subscribed and sworn to before me this 4th day of 0ctober , 19452

Sup- 33278

·· · · · ·